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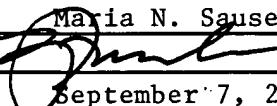
23911 7590 06/13/2006  
**CROWELL & MORING LLP**  
INTELLECTUAL PROPERTY GROUP  
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09/12/2006 CNGUYEN3 00000094 10809322

01 FC:1501 1400.00 OP  
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Maria N. Sausedo		(Depositor's name)
		(Signature)
September 7, 2006		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/809.322	03/26/2004	Yoji Hata	037133.53131US	8225

TITLE OF INVENTION: LSI INSPECTION METHOD AND DEFECT INSPECTION DATA ANALYSIS APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/13/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	
KOBERT, RUSSELL MARC		2829		324-765000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Crowell & Moring LLP

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

UMC JAPAN

Tateyama City, Chiba, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

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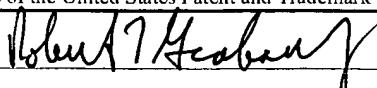
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 05-1323 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date September 7, 2006

Typed or printed name

Robert L. Grabarek, Jr.

Registration No. 40,625

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